

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107 863 342

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5		1				
6						
7						
8						
9						
10		1				
11						
12						
13						
14		1				
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32						
33		1				
34		1				
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37						
38						
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41		1				
42						
43						
44						
45						
46						
47		1				
48		1				
49	1	1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	1				
52		1				
53		1				
54		1				
55		1				
56	1	1				
57		1				
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96						
97						
98						
99						
100						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	19	←		←		←
TOTAL CLAIMS	20					